## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/29/2014	Street:	389 Evanston Rd	
Incident #:	14ISPC009296	Apt, Lot, Room #:		
<b>County</b> :	LaPorte	City:	Kingsford Heights	
Type of Laboratory Seizure (check one)		Seizure Locatio	eizure Location (check all that apply)	
<ul> <li>☐ Lab Seizure</li> <li>☐ Chemical Seizure</li> <li>☐ Equipment Seizure</li> <li>☐ Dumpsite Seizure</li> </ul>		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
One Pot or Birch Reaction(s):  Red Phosphorous/Iodine Reaction(s):  Hydrochloric Acid Gas Generator(s):  Flammable Solvents:  Water Reactive Metal (Lithium):		☐ Anhydrous Ammonia: ☐ Corrosive Acid: ☐ Corrosive Base: firepit ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location):		
Child under age 18 discovered (check appropriate)				
<ul> <li>Yes 1 (number present)</li> <li>No</li> <li>Children not present but evidence they reside or visit often</li> </ul>		Living conditions of home:  clean disarray unclean Estimated length of time manufacturing had been occurring:  Additional Information:		
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>Kingsford-Union VFD</u> Health Department County: <u>LaPorte Co HD</u> Department of Child Services Hotline: <u>dcshotlinereports</u>		Fax: Em	Fax: Emailed Fax: Emailed ts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Maggie Shortt Phone 800-421-4912				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.